

Tuolumne County
System Improvement Plan
10/01/2004 – 09/30/2005

1. Local Planning Bodies

Self-Assessment

During the Tuolumne County Self-Assessment process, twenty-nine individuals, representing sixteen general areas, participated. Participation varied from engaging in interviews, reviewing a draft self-assessment document and providing additions and changes to the draft self-assessment.

Three parents participated in the Self-Assessment by providing extensive information regarding their experience in the CWS system including those services that were most helpful and those services that were least helpful. The parent participants included a single father who expressed concern that the current system addresses the needs of mothers attempting to reunify and not the needs of fathers. This parent provided a particularly helpful perspective in understanding the challenges parents face in reunifying with their children.

One parent provided detailed information regarding dissatisfaction with the investigation and assessment process as it currently operates. This parent provided a perspective of a parent frustrated by removal of a child from the home and the complex and slow-moving court process. Areas including family engagement, case planning and service delivery were addressed in an interview with this parent.

The third parent is an active participant in Redesign efforts including Breakthrough Series Collaborative (BSC) activities. This parent provides a perspective including substance abuse/ addiction services, family engagement, case planning, service delivery, family reunification and the role of foster parents in reunification services.

Shirlee Juhl, Chief Probation Officer, provided information regarding Probation supervised children placed in foster, relative and group homes. Probation faces obstacles in the gathering of statistics that are readily available to Child Welfare Services due to use of the CWS/CMS system. However, Tuolumne County Probation places few children out of the home and even fewer children in group homes.

Tuolumne County Public Health Department provided input, suggestions and changes to the Self-Assessment. Todd Stolp, MD, County Health Officer, Kathy Amos, RN, PHN, Director of Public Health Nursing and Barbara Morales, RN, PHN, Programs and Services Manager participated in the Self-Assessment process. Public Health staff provided significant information regarding health demographics and available health services for children.

Tuolumne County Superior Court Presiding Judge and Judge of the Juvenile Court, Eric L. DuTemple reviewed the Self-Assessment and was invited to provide input.

Law Enforcement participation was represented by Chris Harrison, Tuolumne County Sheriff's Department Sergeant and Donald Segerstrom, Tuolumne County District Attorney. Victim's Services was represented by Ginger Martin, Victim Services Supervisor, Tuolumne County District Attorney's Office.

Additional participants included the following:

- Joseph Silva, Tuolumne County Superintendent of Schools
- Bea Readell, Tuolumne County Behavioral Health Director
- Patricia Grafton, California Department of Social Services – Adoptions Division Manager
- Lisa Ames, Tuolumne Rancheria of MiWuk Indians, Social Services Manager
- Sheila Kruse, First 5 Tuolumne County Executive Director
- Pam Beach, Foster Parent and Tuolumne County Foster Parent Association President
- Elizabeth Sewell, Mountain Women's Resource Center Executive Director
- Evelyn Thompson, Infant Child Enrichment Services Executive Director
- Judy Halling, Prevent Child Abuse Tuolumne County Chair

Information gathered during the Self-Assessment was used to guide the creation of the System Improvement Plan. While several areas for improvement were noted in the Self-Assessment, four areas were chosen for focus during this System Improvement period. All Safety Outcomes identified as needing improvement are included in the System Improvement Plan.

System Improvement Plan

Additional information was gathered prior to creating the System Improvement Plan. Two Community Meetings were held to encourage community participation and to brainstorm for strategies to improve

outcomes in the targeted areas. Meetings were scheduled two different times during the week of September 20th. One meeting was scheduled around the noon hour and the second meeting was scheduled after the normal workday to accommodate as many different schedules as possible. Individuals who participated in the Self-Assessment were invited to attend either Community Meeting. Email invitations were sent to additional community partners and interested groups and participants were encouraged to invite anyone else they knew that might be interested.

A total of 44 individuals attended at least one of the two Community Meetings. Participants represented the following groups or organizations:

- Child Welfare Services (CWS)
- Probation Department
- Amador-Tuolumne Community Action Agency (ATCAA)
- HeadStart
- Mountain Women's Resource Center (MWRC)
- Parents/ Families
- Jamestown Elementary School
- School Counselors
- Foster/ Kinship Care Education Coordinator, Columbia College
- First 5 Tuolumne County
- Tuolumne County Foster Parent Association
- Sonora Elementary School
- County Counsel
- Welfare to Work
- Foster Care Licensing
- Tuolumne County Sheriff's Department, Safe From the Start
- KidPower
- Tuolumne County – Kingsview Behavioral Health and Recovery Services
- Tuolumne County Health Department
- Human Services Agency Administration
- ATCAA Homeless Shelter

At both Community Meetings, binders were provided with information regarding the Redesign entitled, "Improving the Lives of California's Children and Families," and a complete, final draft of the Tuolumne County Self-Assessment June 2004.

Both Community Meetings began with an explanation of the Redesign including current statewide efforts and local efforts that are already underway. Then, four specific outcome areas were introduced and explained. One permanency outcome and three safety outcomes were presented. Each group was asked to provide input and ideas regarding

what is working, what isn't working and suggestions for improving performance in each outcome.

Participants in both Community Meetings provided extensive input regarding current services, challenges to families in Tuolumne County and constructive ideas for improving performance in each of the four outcomes. This information was used in the creation of the System Improvement Plan.

In addition to Community Meetings, CWS administered Client Satisfaction Surveys. Two surveys were drafted, with one survey targeting parents who recently had contact with CWS due to a report of child abuse or neglect (CSS-R) and one survey targeting parents currently participating in CWS services due to substantiated abuse or neglect of their children (CSS-C). The purpose of the surveys was to gauge parental perceptions of their experience with CWS. Quantitative data is readily available through numerous sources. However, quantitative data doesn't describe how parents experience and perceive services from CWS.

In all, 33 surveys were completed in a one-week period. Ten parents completed the CSS-R surveys and 23 parents completed the CSS-C surveys. Every two to three months, this process will be replicated in order to measure changes in parent perception over time, as changes are made to the CWS system. Challenges to administering surveys included Social Worker reluctance to survey a parent presenting with significant mental illness or currently under the influence of mind-altering substances and Social Worker availability to administer surveys to parents that are not their own current clients. Social Workers were encouraged to administer surveys to individuals that they had not had prior contact with, as an attempt to minimize participants' tendency to relate to the Social Worker in either a negative or positive way, based on the current status of their case.

2. Findings that Support Qualitative Change

Through the Self-Assessment process, at least seven Outcome Indicators were identified as needing improvement. In completing the System Improvement Plan, including reviewing the SIP User's Guide provided for reference, the decision was made to focus on four Outcome indicators. At this time, all three Safety Outcomes requiring improvement are included in the SIP. It should be noted however, that the system improvements suggested in the SIP will likely impact other outcomes in a positive manner.

Community Meetings, interviews and Customer Satisfaction Surveys all suggest that improvements can be made in the areas of method of service delivery and case planning to improve the way families experience Child Welfare Services. These methods of data gathering all indicated that parent perception influences the family's prognosis for success. Pervasive negative attitudes about CWS exist within the community, perhaps making families resistant to an otherwise effective method of service delivery. Community Meetings and interviews all assisted in identifying strategies to improve service delivery methods and case planning.

In Customer Satisfaction Surveys, 73% of respondents in both categories of surveys answered that their social worker treated them with respect. Only 17% of respondents answered that they had participated in the creation of their case plan and only 52% of respondents receiving services felt that the services were helpful. Parents who had only a referral to CWS responded significantly more positive than parents participating in CWS services did.

Findings from both the Customer Satisfaction Surveys and the Community Meetings were incorporated into the SIP. Much of the SIP focuses on providing social workers the structure and tools they need to communicate most effectively with parents. Ongoing Customer Satisfaction Surveys and Community Meetings will assist in monitoring our progress in areas not measured in the Quarterly Data Reports.

3. Summary Assessment

Section V. Summary Assessment of Tuolumne County Self-Assessment June 2004 (pages 56-59) attached.

Outcome/Systemic Factor: Child Welfare Services Safety Outcome, Recurrence of Maltreatment (1B)					
County's Current Performance: Of all children with a substantiated referral during the 12-month study period (7/1/01-6/30/02), 21.8% had a subsequent referral within 12 months (State). Of all children with a <i>first</i> substantiated referral during the 12 month study period (7/1/01-6/30/02), 20.9% had a subsequent referral within 12 months (State). Of all children with a substantiated allegation in the first six months of the study year (7/1/01-12/31/02), 21.7% had another substantiated allegation within six months (Federal).					
Improvement Goal 1.0 Engage families in community-based services after initial contact with CWS, resulting in a 2% decrease in the number of subsequent referrals to CWS after a substantiated referral.					
Strategy 1. 1 Engage families in community-based services after initial contact with CWS.			Strategy Rationale¹ Currently, when allegations of abuse/ neglect are substantiated, a decision is made to close the referral or to open a case and pursue juvenile court action. If the referral is closed, there is no further contact with the family unless a subsequent referral is received. Engaging families in services with a system to check family follow through before closing the referral, may reduce the number of subsequent referrals.		
Milestone	1.1.1 Examine strategies of other counties by reviewing Breakthrough Series Collaborative (BSC) Extranet postings, participate in BSC conference calls.	Timeframe	10/01/2004 -12/01/2004	Assigned to	CWS Program Manager, CWS Supervisors, Community Health Worker

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

	1.1.2 Develop draft policy to guide social worker practice after initial contact with family, to include follow-up.		12/01/2004 – 02/01/2005			Assistant Director, CWS Program Manager, CWS Supervisors
	1.1.3 Review policy with CWS Supervisors, CWS Staff and Stakeholders, make changes as appropriate, and finalize.		02/01/2005 – 03/01/2005			CWS Program Manager, CWS Supervisors, CWS Staff, Stakeholders
	1.1.4 Train CWS Staff on new policy		03/01/2005 – 04/01/2005			CWS Supervisors, CWS Staff
	1.1.5 Review policy with staff at Team Meetings at least monthly.		Monthly beginning 04/01/2005			CWS Supervisors, CWS Staff
Strategy 1. 2			Strategy Rationale			
Employ Motivational Interviewing Techniques with families.			Families engaging in behaviors that present risk to the children, which increases the likelihood of a subsequent referral to CWS after the initial referral, are often resistant to changing behavior. Motivational interviewing has been identified as a promising practice in working with individuals who are struggling with changes in life behaviors.			
Milestone	1.2.1 Contact Regional Training Academy (RTA), UC Davis Northern California Training Academy, to determine dates of training.	Timeframe	10/01/2004 – 12/01/2004		Assigned to	CWS Program Manager
	1.2.2 Send staff to training or arrange on-site training as available and with consideration to staffing and workload limitations.		10/01/2004 – 10/01/2005			CWS Supervisors, CWS Staff
	1.2.3 Include community based organization (CBO) partners in Motivation Interviewing Techniques training.		10/01/2004 – 10/01/2005			CBO staff
	1.2.4 Review Motivational Interviewing Techniques with CWS Staff at least monthly to reinforce learning.		Monthly after training in provided to staff, through 10/01/2005			CWS Supervisors, CWS Staff
Strategy 1. 3			Strategy Rationale			

Improve effectiveness of referrals to community based organizations (CBO), measured by increased use of community based services by families after initial contact with CWS.			Currently, families determined to be at-risk of abusing or neglecting children in the home receive referrals to community based services. The current method of providing referrals to families may not be the most effective method of providing referral information. Improving methods of providing information to families may increase likelihood of family participation.		
Milestone	1.3.1 Determine baseline rate of families engaging in community based services within 30 days of initial contact with CWS.	Timeframe	10/01/2004 – 04/01/2005	Assigned to	CWS Supervisor – Emergency Response, CWS Social Workers – Emergency Response, Community Health Worker
	1.3.2 Coordinate quarterly networking meetings for CWS Social Workers and community based organization (CBO) line staff to increase line staff familiarity with available resources. (SCI-II goal)		10/01/2004 – 01/01/2005, to occur quarterly after first scheduled meeting		Raising Healthy Families Program Manager, Parent Advisory Council, CWS Program Manager, CWS Social Workers, community based organization line staff
	1.3.3 Meet with Jamestown Family Resource Center (JFRC) Director to determine best method of engaging families in the Jamestown area.		10/01/2004 – 01/01/2005		CWS Program Manager, JFRC Director
	1.3.4 Ensure that current release of information form includes all CBOs. If not, revise release of information form.		10/01/2004 – 11/01/2004		CWS Program Manager, CBO staff, Stakeholders
	1.3.5 Create a standardized referral form with space for CBO to provide information to CWS regarding family participation.		10/01/2004 – 11/01/2004		CWS Program Manager, CBO staff
	1.3.6 Track family follow-up with services and method of providing referral information in order to determine which methods are effective in increasing family participation.		10/01/2004 – 11/01/2004		CWS Supervisors, CWS Social Workers, CBO staff, Community Health Worker
Discuss changes in identified systemic factors needed to further support the improvement goals. Services Array (Systemic Factor E) Staff/ Provider Training (Systemic Factor F)					

Agency Collaboration (Systemic Factor G)
Describe educational/training needs (including technical assistance) to achieve the improvement goals. Motivation Interviewing Techniques Training, to be provided by RTA
Identify roles of the other partners in achieving the improvement goals. <i>Breakthrough Series Collaborative (BSC)</i> provides support and coordination to counties in implementing Differential Response. BSC hosts conference calls and meetings for Cohort I and II counties to share learning (Milestone 1.1.1). <i>Jamestown Family Resource Center (JFRC)</i> , a local community based organization, may assist in engaging families at a neighborhood level, providing ongoing support and referral services (Milestone 1.3.3). <i>Infant Child Enrichment Services (ICES)</i> , <i>Raising Healthy Families (RHF)</i> , a local community based organization – will assist in coordinating quarterly networking meetings (Milestone 1.3.2)
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. Division 31-101.5 indicates that referrals must be closed within 30 if no services are to be provided or that the case plan must be generated within 30 days if services will be provided. Changing the regulation to 60 would allow additional time to provide referrals to services and follow up to determine family's participation in services. Families not engaging in services may need subsequent risk/ safety assessment.

Outcome/Systemic Factor: Child Welfare Services Safety Outcome, Rate of Recurrence of Abuse and/ or Neglect in Homes Where Children Were Not Removed (2A)					
County's Current Performance: <p>This measure reflects the recurrence of abuse and/ or neglect of children who remain in their own homes receiving child welfare services. Of all the children with an allegation (inconclusive or substantiated) who were not removed, 22% had a subsequent substantiated allegation within 12 months (State).</p>					
Improvement Goal 1.0 <p>Reduce the percentage of children abused and/ or neglected while receiving child welfare services in their home by 2%.</p>					
Strategy 1. 1 Identify standardized, research-based risk/ safety assessment tools.			Strategy Rationale¹ <p>Currently, assessments of children's risk and safety are made following an initial investigation. Assessments are made by social workers of varying education, experience and training. Assessments are not standardized and no assessment tool is used routinely. Risk and safety assessments seem to be heavily influenced by local cultural expectations, which change significantly over time.</p>		
Milestone	1.1.1 Identify assessment tools used by other counties by participating in Breakthrough Series Collaborative (BSC) conference calls specific to the topic of assessment.	Timeframe	01/11/2005 and ongoing as available	Assigned to	CWS Program Manager, CWS Supervisors
	1.1.2 Explore possible implementation of Structured Decision Making (SDM).		10/01/2004 – 10/01/2005		Assistant Director, CWS Program Manager, CWS Supervisors
	1.1.3 Identify hardware/ software costs associated with implementation of SDM.		10/01/2004 – 10/01/2005		Assistant Director, CWS Program Manager, CWS/CMS SCC

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Strategy 1. 2 Improve decision-making ability when child removal is considered. Ensure that families receive family maintenance (FM) or family reunification (FR) services as appropriate to protect the child from further abuse/ neglect by engaging in effective case staffings. Case staffings will make effective use of standardized methods of assessment and staff expertise.			Strategy Rationale Currently, Emergency Response (ER) Social Workers and the Emergency Response Supervisor staff cases when removal of the child is considered. ER Social Workers and ER Supervisor do not currently used standardized risk and safety assessments. Decisions are made with an emphasis on county liability should the child not be removed from the home and the child is abused or neglected further. Empirical, research-based assessment methods may be more accurate at determining the need for removal and child safety should the child remain in the home.		
Milestone	1.2.1. Identify standardized assessment method as described in strategy 1.1.	Timeframe	10/01/2004 – 10/01/2005	Assigned to	Assistant Director, CWS Program Manager, CWS Supervisors
	1.2.2 Engage in case staffing including individuals with increasing levels of responsibility to reduce perceived liability resting soley on the ER Supervisor. Include Program Manager in case staffings when child removal is considered as a way to enhance standardized assessment and share responsibility/ liability of ER Supervisor.		10/01/2004 – 10/01/2005		Assistant Director, CWS Program Manager, CWS Supervisors, Emergency Response Social Workers
	1.2.3 Include FM-FR Social Worker in case staffing when child removal is considered. FM-FR Social Workers can use training and experience to assist in assessment of whether FM or FR services are most appropriate for family in question. This is meant to enhance standardized assessment.		10/01/2004 – 10/01/2005		CWS Supervisors, FM and FR Social Workers
	1.2.4 Track the number of families engaged in multi-level case staffing and decision made during staffing.		10/01/2004 – 10/01/2005		CWS Supervisors, CWS Social Workers, Community Health Worker
Strategy 1. 3 Engage families in Family Group Decision Making (FGDM) when abuse and/ or neglect is substantiated and family maintenance			Strategy Rationale Engage families in voluntary or court-ordered FM services more effectively by ensuring that the services make use of family strengths.		

(FM) services are provided to the family.			natural family supports and extended family accountability. Increased personal investment in the FM services and objectives is likely to increase family success in reducing the risk to children in the home. Extended family involvement may increase the likelihood of family intervention prior to subsequent incidences of abuse or neglect within the home.		
Milestone	1.3.1 Meet with Infant Child Enrichment Services (ICES), a local CBO, to discuss possibility of providing FGDM facilitation to families receiving Raising Healthy Families (RHF) services through SCI-II or CAPIT/ CBCAP.	Timeframe	10/01/2004 – 12/01/2004	Assigned to	CWS Program Manager, RHF Program Manager
	1.3.2 Include FGDM in voluntary and court-ordered FM case plans (if provider is identified).		12/01/2004 – 10/01/2005		CWS Supervisors, CWS Social Workers
	1.3.3 Track the number of families receiving FGDM services.		12/01/2004 – 10/01/2005		CWS Supervisors, CWS Social Workers, Community Health Worker
Discuss changes in identified systemic factors needed to further support the improvement goals. Case Review System (Systemic Factor B) Staff/ Provider Training (Systemic Factor F) Agency Collaboration (Systemic Factor G)					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. Structured Decision Making (SDM) Technical Assistance and Staff Training Family Group Decision Making (FGDM) Staff and Provider Training					
Identify roles of the other partners in achieving the improvement goals. Breakthrough Series Collaborative (BSC) provides support and coordination to counties in implementing Differential Response. BSC hosts conference calls and meetings for Cohort I and II counties to share learning (Milestone1.1.1). Raising Healthy Families (RHF), a local CBO, may be the most appropriate provider of FGDM services. RHF is the recipient of SCI-II and CAPIT/ CBCAP funds. RHF staff has training and experience in FGDM and has already used this approach with families they serve (Milestone 1.3.1).					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. Division 31-101.5 indicates that referrals must be closed within 30 if no services are to be provided or that the case plan must be generated with 30 days if services will be provided. Changing this regulation to 60 days would provide additional time to complete more time- and resource-					

intensive assessments and facilitate FGDM services if appropriate.

Outcome/Systemic Factor: Child Welfare Services and Probation Multiple Foster Care Placements (3B and 3C)	
County's Current Performance: These measures reflect the number of children with multiple placements within 12 months of placement. For all children who entered child welfare supervised foster care for the less than 12 months during the most recent 12 month study period (7/01/2002-6/30/03), 79.2% had no more than two placements (Federal, 3B). For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the most recent study period (7/01/2001-6/30/02), 56.7% had no more than two placements (State, 3C).	
Improvement Goal 1.0 Increase the number of licensed foster homes, willing to take CWS and Probation placements, in Tuolumne County.	
Strategy 1. 1 Develop a Foster Parent Mentoring Program to support and encourage prospective foster parents to complete the licensing process and begin taking CWS and Probation foster care placements.	Strategy Rationale¹ A greater number of available homes will allow social workers and probation officers to match children with homes best suited to meet their needs. Currently, there are insufficient homes available in the county for the number of children requiring foster care. Often children are placed in foster homes based strictly on availability, rather than homes specially chosen for what they can offer a particular child. It is expected that children placed in homes most capable of meeting their unique needs will be more stable in placement, requiring less placement moves. It has been noted that many interested people begin the licensing process but never complete the process. It is hoped that by identifying prospective foster parents and supporting them through the licensing process, more individuals will become licensed and available for CWS and Probation placements.

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Milestone	1.1.1 Meet with Licensing Program Manager and Licensing Supervisor to discuss roles and responsibilities in implementing Foster Parent Mentoring Program.	Timeframe	10/01/2004 – 12/01/2004	Assigned to	CWS Program Manager, CWS Supervisors, Licensing Program Manager, Licensing Supervisor, Chief Probation Officer, Assistant Chief Probation Officer
	1.1.2 Identify Foster Parent Mentoring Program Coordinator.		12/01/2004 – 01/01/2005		CWS Program Manager, Licensing Program Manager, Chief Probation Officer, Assistant Chief Probation Officer
	1.1.3 Develop policies and procedures for Foster Parent Mentoring Program. Create draft, review with stakeholders, revise and finalize.		01/01/2005 – 07/01/2005		CWS Program Manager, Licensing Program Manager, Chief Probation Officer, Foster/ Kinship Care Education Coordinator, Foster Parent Association Members
	1.1.4 Identify mentors (social workers, probation officers, experienced foster parents) available to meet with prospective foster parents.		01/01/2005 – 07/01/2005		CWS Social Workers, Probation Officers, Foster Parent Association Members
	1.1.5 Introduce program and train participants on policies and procedures.		07/01/2005 – 10/01/2005		CWS Supervisors, Licensing Supervisors, Assistant Chief Probation Officer, CWS Social Workers, Probation Officers, Foster Parent Association Members
	1.1.6 Connect prospective foster parents with social worker or probation officer mentor and experienced foster parent mentor.		10/01/2005 and ongoing through next SIP year		Foster Parent Mentoring Program Coordinator
Strategy 1. 2 Retain currently licensed foster homes willing to take CWS and Probation placements, Tuolumne County.			Strategy Rationale Once homes become licensed, foster parents often choose not to take placements for reasons including, burnout, frustration, and disappointment with case outcomes. Efforts to retain current foster homes will assist in maintaining a pool of experienced families available		

			for placement of difficult children that may otherwise be likely to experience multiple foster care placements.		
Milestone	1.2.1. Meet with Foster/ Kinship Care Education Coordinator and Licensing staff to discuss current strategies.	Timeframe	10/01/2004 – 12/01/2004	Assigned to	CWS Program Manager, Licensing Program Manager, Assistant Chief Probation Officer, Foster/ Kinship Care Education Coordinator
	1.2.2 Regularly attend Foster Parent Association Meetings to ensure that foster parent needs are being met.		10/01/2004 - monthly		CWS Program Manager, Licensing Program Manager, Foster Parent Association
	1.2.3 Conduct exit interviews with foster parents who choose to no longer accept CWS or Probation placements to determine the reason for refusal of future placements.		01/01/2005 – 10/01/2005		CWS Program Manager, Assistant Chief Probation Officer, Licensing Social Worker
Improvement Goal 2.0					
Increase the percentage of children experiencing no more than two foster care placements within a 12-month period by at least 5%.					
Strategy 2.1			Strategy Rationale		
Place and maintain children in foster homes best suited to meet the child’s unique needs.			Homes with the training and experience to care for the particular needs being presented by a child will be more likely to maintain the child. Some families are better suited to care for younger children, while other families prefer to care for adolescents. Likewise, some families are particularly skilled with medically fragile children while other families excel with children with emotional disturbances. Children are more likely to remain stable in placement if the foster parents have the experience, training and support necessary to provide the best support for the child.		
Milestone	2.1.1 Place children entering foster care for the first time at the Children’s Shelter to provide a period for physical, social, educational and emotional assessment.	Timeframe	10/01/2004 – ongoing	Assigned to	Children’s Shelter Manager, CWS Social Workers

<p>2.1.2 Provide prospective foster placements with all relevant physical, social, education and emotional information regarding the child requiring placement.</p> <p>2.1.3 Accept foster parents' refusal to take placement of a particular child without encouraging placement despite foster parent's reluctance or inability to handle the child's presenting issues.</p> <p>2.1.4 Return foster parent telephone calls in a timely manner by using Social Services Aides and Community Health Workers to assist when necessary. Communicate this expectation to CWS staff and foster parents.</p> <p>2.1.5 Refer all children at risk of losing a foster care placement to Inter-Agency Placement Resource Committee (IAPRC).</p> <p>2.1.6 Through IAPRC, identify and provide any supportive services available in order to maintain the foster care placement.</p>		10/01/2004 - ongoing	Children's Shelter Manager, CWS Social Workers, CWS Social Services Aides, Probation Officers
		10/01/2004 - ongoing	CWS Supervisors, CWS Social Workers, Probation Officers
		10/01/2004 - ongoing	CWS Supervisors, CWS Social Workers, CWS Social Services Aides, Community Health Workers
		10/01/2004 - ongoing	CWS Supervisors, CWS Social Workers, Probation Officers, Children's Systems of Care (CSOC)
		10/01/2004 - ongoing	CWS Social Workers, Probation Officers, CSOC including Placement Oversight Committee and IAPRC
<p>Discuss changes in identified systemic factors needed to further support the improvement goals. Foster/ Adoptive Parent Licensing, Recruitment and Retention (System Factor C) Services Array (Systemic Factor E) Staff/ Provider Training (Systemic Factor F) Agency Collaborations (Systemic Factor G)</p>			
<p>Describe educational/training needs (including technical assistance) to achieve the improvement goals. The RTA will provide training on Recruiting Foster Parents on-site for all CWS and Probation staff on 11/03/2004. The Foster/ Kinship Care Education Coordinator and Foster Parent Association members have also been invited to this training.</p>			
<p>Identify roles of the other partners in achieving the improvement goals. <i>Foster Parent Association (FPA)</i> engages current foster parents in word-of-mouth recruitment activities. Also FPA participation will be crucial for Strategies 1.1 and 1.2. <i>Foster/ Kinship Care Education Coordinator</i> participation will be critical in Milestones 1.1.3 and 1.2.1.</p>			

Children’s Systems of Care (CSOC), including Inter-Agency Placement Resource Committee (IAPRC) and Placement Oversight Committee participation will be necessary for Milestones 2.1.5 and 2.1.6.
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None

Outcome/Systemic Factor: Child Welfare Services Permanency Outcome, Length of Time to Exit Foster Care to Adoption (3D and 3A)				
County's Current Performance: Of all children who were adopted from child welfare supervised foster care during the most recent 12 month study period (7/01/02-6/30/03), 18.8% had been in care for less than 24 months (Federal, 3D). For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the most recent 12 month study period (7/01/00-6/30/01), 2% were adopted within 24 months (State, 3A).				
Improvement Goal 1.0 Increase the percentage of children exiting foster care to adoption within 24 months of removal by 2% for both the State and Federal measures.				
Strategy 1. 1 Complete Concurrent Planning Referrals timely and communicate reunification prognosis to State Adoptions.			Strategy Rationale¹ Currently, Concurrent Planning Referrals are made when the social worker is able to complete the task. The referral is sent to State Adoptions where the information is reviewed. When the parents are receiving reunification services, no further action is taken by State Adoptions staff until an Adoptions Referral is completed. Identifying cases where the parent's prognosis for reunification is poor, home studies might be started and completed earlier.	
Milestone	1.1.1 Provide training to CWS staff regarding the importance of completing Concurrent Planning Referral timely.	Timeframe	10/01/2004 – 02/01/2005	Assigned to CWS Program Manager, CWS Supervisors, State Adoptions staff
	1.1.2 Communicate need for Emergency Response (ER) Social Worker to complete Concurrent Planning Referral at time of Disposition, prior to transfer of the case to Family Reunification (FR).		10/01/2004 – 02/01/2005 monthly	

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

	1.1.3 When reunification prognosis has been determined to be poor, CWS Social Worker will meet with State Adoptions Social Worker to staff the case.		10/01/2004 – 10/01/2005		CWS Social Workers, State Adoptions Social Worker
Strategy 1. 2 CWS Social Workers will support the adoptions process by identifying relatives and documenting willingness and appropriateness of relative for care of the child.			Strategy Rationale Currently, Social Workers may be aware of relatives of the child that have been deemed inappropriate for placement or unwilling to accept placement of the child. These interactions may occur verbally without written documentation of the denial of placement or refusal of the relative to accept placement. Documentation of relative denials with denial explanation and signed Relative Declarations will assist State Adoptions staff in completing process more quickly.		
Milestone	1.2.1. Provide training to staff regarding documenting denials of relative placements and use of Relative Declarations.	Timeframe	10/01/2004 - -2/01/2005	Assigned to	CWS Program Manager, CWS Supervisors, State Adoptions staff
	1.2.2 CWS staff will routinely complete relative denial letters with sufficient documentation regarding the denial of placement of the child in the home. This information will be included in the Adoptions Referral.		02/01/2005 – 10/01/2005		CWS Social Workers
	1.2.3 CWS staff will routinely send Relative Declarations to all identified relatives. Completed Relative Declarations will be included in the Adoptions Referral.		02/01/2005 – 10/01/2005		CWS Social Workers, Social Services Aides
Strategy 1. 3 Ensure that FR Services are not recommended when appropriate and that termination of FR Services is recommended when appropriate according to statutory guidelines.			Strategy Rationale The decision to recommend that FR services not be offered or the recommendation to terminate FR services may be subjective and influenced by the training and experience of the social worker.		

Milestone	1.3.1 Provide Welfare and Institutions Code 300 training to staff regarding reunification services.	Timeframe	10/01/2004 – 01/01/2005	Assigned to	County Counsel, CWS Supervisors, CWS Social Workers
	1.3.2 Arrange meeting to include CWS staff, Adoptions staff, County Counsel and Juvenile Court Judge		01/01/2005 – 07/01/2005		CWS Program Manager, CWS Supervisors, County Counsel, State Adoptions staff, Juvenile Court Judge
	1.3.3 Employ use of standardized FR Prognosis Assessment.		10/01/2004 – 10/01/2005		CWS Supervisors, CWS Social Workers
	1.3.4 Review Disposition Court Reports to ensure that appropriate FR recommendations are being made.		01/01/2005 – 10/01/2005		CWS Supervisors
Discuss changes in identified systemic factors needed to further support the improvement goals. Court Structure/ Relationship (Systemic Factor B) Staff/ Provider Training (Systemic Factor F)					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. Trainings including Creating Permanency for Children and Concurrent and Permanent Planning, offered by UC Davis Northern California Training Academy may assist in improving performance in this outcome.					
Identify roles of the other partners in achieving the improvement goals. Tuolumne County CWS will meet regularly with State Adoptions staff to monitor progress in improving performance for this outcome and to continue to identify new, effective strategies.					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None					